

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
WIC PROGRAM AFFIDAVIT OF EXPENDITURES

LOCAL AGENCY NAME: Name of County Health Department				Phone #:		I certify this statement is true and correct according to the records of this office.					
Month and Year:	Type of Submission: (circle if applicable)			Accounting Basis:							Signature _____
Place month and year	Supplemental #	Correction		Cash	Accrual		Title	Date			
			TOTAL								
		PAID	HOURS	WIC	TIME	NUTRITION	BREAST	CLIENT	GENERAL		
CLASSIFICATION	NAME/DESCRIPTION	SALARY	WORKED	HOURS	PERIOD	EDUCATION	FEEDING	SERVICES	ADMIN.	TOTAL	
WIC Assistant	Employee #1, Name	0.00	0.00	0.00	4 Weeks	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
WIC Clerk	Employee #2, Name	0.00	0.00	0.00	4 Weeks	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
WIC Coordinator	Employee #3, Name	0.00	0.00	0.00	4 Weeks	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Administrator	Employee #4, Name	0.00	0.00	0.00	4 Weeks	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Note: Change above as needed.											
		0.00	0.00	0.00	4 Weeks	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Benefits	Total Salaries	0.00	0.00	0.00		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	Benefits Rate	21.3%				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	Total Salaries & Benefits					#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Contract or shared employees, If any:											
RD Consultant	Employee #5, Name			0.00		\$0	\$0	\$0	\$0	\$0	
Postage						\$0	\$0	\$0	\$0	\$0	
Phone						\$0	\$0	\$0	\$0	\$0	
Supplies-Medical						\$0	\$0	\$0	\$0	\$0	
Satellite Travel	0 miles		0.33	per mile				\$0		\$0	
SUB TOTAL						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Indirect Cost	RATE	21.52%							#DIV/0!	#DIV/0!	
Supplies - Office						\$0	\$0	\$0	\$0	\$0	
Education-Travel						\$0	\$0	\$0	\$0	\$0	
Comments:						Totals From This Page	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
						Totals From Page Two	0	0	0	0	\$0
						Totals From Page Three	0	0	0	0	\$0
						Grand Total Reimbursement	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
STATE USE ONLY:											
VO # _____ \$ _____											

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[illegible]

Comments:

Note: These totals automatically transfer to page one.